

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

7 JEANNE A. SIX,
8 Plaintiff,
9)
10 v.
11 MICHAEL J. ASTRUE,
12 Commissioner of Social
13 Security,
14 Defendant.
15)
16)
17 No. CV-08-0141-CI
18)
19 ORDER GRANTING PLAINTIFF'S
20 MOTION FOR SUMMARY JUDGMENT
21 AND REMANDING FOR ADDITIONAL
22 PROCEEDINGS PURSUANT TO
23 SENTENCE FOUR 42 U.S.C. §
24 405(g)
25)

14 BEFORE THE COURT are cross-Motions for Summary Judgment. (Ct.
15 Rec. 13, 15.) Attorney Maureen J. Rosette represents Plaintiff;
16 Special Assistant United States Attorney Daphne Banay represents
17 Defendant. The parties have consented to proceed before a magistrate
18 judge. (Ct. Rec. 7.) After reviewing the administrative record and
19 briefs filed by the parties, the court **GRANTS** Plaintiff's Motion for
20 Summary Judgment, **DENIES** Defendant's Motion for Summary Judgment, and
21 remands the matter to the Commissioner for additional proceedings.

JURISDICTION

23 Plaintiff Jeanne A. Six (Plaintiff) protectively filed for
24 disability insurance benefits (DIB) on June 16, 2004. and for social
25 security income (SSI) on May 19, 2004. (Tr. 468, 469.) Plaintiff
26 alleged an onset date of September 1, 2002. (Tr. 69, 464.) Benefits
27 were denied initially and on reconsideration. (Tr. 44, 40.) Plaintiff
28 requested a hearing before an administrative law judge (ALJ), which

1 was held before ALJ Richard A. Say on August 1, 2007. (Tr. 476-97.)
 2 Plaintiff was represented by counsel and testified at the hearing.
 3 The ALJ denied benefits (Tr. 18-27) and the Appeals Council denied
 4 review. (Tr. 6.) The instant matter is before this court pursuant to
 5 42 U.S.C. § 405(g).

6 **STATEMENT OF FACTS**

7 The facts of the case are set forth in the administrative hearing
 8 transcripts, the ALJ's decision, and the briefs of Plaintiff and the
 9 Commissioner, and will therefore only be summarized here.

10 At the time of the hearing, Plaintiff was 25 years old. (Tr.
 11 478.) She is a high school graduate. (Tr. 478.) Plaintiff has
 12 previous work experience as a food server, telemarketer and selling
 13 knives. (Tr. 486-87, 490.) Plaintiff alleged she became disabled on
 14 February 2, 2003, when she was in a car accident. (Tr. 479.) She
 15 testified that the problems that keep her from working are frequent
 16 migraines and problems with her neck and right knee. (Tr. 479-80.)
 17 Plaintiff weighed about 250 pounds at the time of the hearing. (Tr.
 18 480.) She also alleged she has problems being around other people and
 19 with anxiety. (Tr. 485.)

20 **STANDARD OF REVIEW**

21 Congress has provided a limited scope of judicial review of a
 22 Commissioner's decision. 42 U.S.C. § 405(g). A court must uphold the
 23 Commissioner's decision, made through an ALJ, when the determination
 24 is not based on legal error and is supported by substantial evidence.
 25 See *Jones v. Heckler*, 760 F.2d 993, 995 (9th Cir. 1985); *Tackett v.*
 26 *Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999). "The [Commissioner's]
 27 determination that a plaintiff is not disabled will be upheld if the
 28 findings of fact are supported by substantial evidence." *Delgado v.*

1 *Heckler*, 722 F.2d 570, 572 (9th Cir. 1983) (citing 42 U.S.C. § 405(g)).
2 Substantial evidence is more than a mere scintilla, *Sorenson v.*
3 *Weinberger*, 514 F.2d 1112, 1119 n.10 (9th Cir. 1975), but less than a
4 preponderance. *McAllister v. Sullivan*, 888 F.2d 599, 601-602 (9th Cir.
5 1989); *Desrosiers v. Secretary of Health and Human Services*, 846 F.2d
6 573, 576 (9th Cir. 1988). Substantial evidence "means such evidence
7 as a reasonable mind might accept as adequate to support a
8 conclusion." *Richardson v. Perales*, 402 U.S. 389, 401 (1971)
9 (citations omitted). "[S]uch inferences and conclusions as the
10 [Commissioner] may reasonably draw from the evidence" will also be
11 upheld. *Mark v. Celebreeze*, 348 F.2d 289, 293 (9th Cir. 1965). On
12 review, the Court considers the record as a whole, not just the
13 evidence supporting the decision of the Commissioner. *Weetman v.*
14 *Sullivan*, 877 F.2d 20, 22 (9th Cir. 1989) (quoting *Kornock v. Harris*,
15 648 F.2d 525, 526 (9th Cir. 1980)).

16 It is the role of the trier of fact, not this court, to resolve
17 conflicts in evidence. *Richardson*, 402 U.S. at 400. If evidence
18 supports more than one rational interpretation, the court may not
19 substitute its judgment for that of the Commissioner. *Tackett*, 180
20 F.3d at 1097; *Allen v. Heckler*, 749 F.2d 577, 579 (9th Cir. 1984).
21 Nevertheless, a decision supported by substantial evidence will still
22 be set aside if the proper legal standards were not applied in
23 weighing the evidence and making the decision. *Brawner v. Sec'y of*
24 *Health and Human Services*, 839 F.2d 432, 433 (9th Cir. 1988). Thus,
25 if there is substantial evidence to support the administrative
26 findings, or if there is conflicting evidence that will support a
27 finding of either disability or nondisability, the finding of the
28 Commissioner is conclusive. *Sprague v. Bowen*, 812 F.2d 1226, 1229-

1 1230 (9th Cir. 1987).

2 SEQUENTIAL PROCESS

3 The Social Security Act (the "Act") defines "disability" as the
 4 "inability to engage in any substantial gainful activity by reason of
 5 any medically determinable physical or mental impairment which can be
 6 expected to result in death or which has lasted or can be expected to
 7 last for a continuous period of not less than twelve months." 42
 8 U.S.C. §§ 423(d)(1)(A), 1382c(a)(3)(A). The Act also provides that a
 9 Plaintiff shall be determined to be under a disability only if his
 10 impairments are of such severity that Plaintiff is not only unable to
 11 do his previous work but cannot, considering Plaintiff's age,
 12 education and work experiences, engage in any other substantial
 13 gainful work which exists in the national economy. 42 U.S.C. §§
 14 423(d)(2)(A), 1382c(a)(3)(B). Thus, the definition of disability
 15 consists of both medical and vocational components. *Edlund v.*
 16 *Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001).

17 The Commissioner has established a five-step sequential
 18 evaluation process for determining whether a claimant is disabled. 20
 19 C.F.R. §§ 404.1520, 416.920. Step one determines if he or she is
 20 engaged in substantial gainful activities. If the claimant is engaged
 21 in substantial gainful activities, benefits are denied. 20 C.F.R. §§
 22 404.1520(a)(4)(I), 416.920(a)(4)(I).

23 If the claimant is not engaged in substantial gainful activities,
 24 the decision maker proceeds to step two and determines whether the
 25 claimant has a medically severe impairment or combination of
 26 impairments. 20 C.F.R. §§ 404.1520(a)(4)(ii), 416.920(a)(4)(ii). If
 27 the claimant does not have a severe impairment or combination of
 28 impairments, the disability claim is denied.

1 If the impairment is severe, the evaluation proceeds to the third
2 step, which compares the claimant's impairment with a number of listed
3 impairments acknowledged by the Commissioner to be so severe as to
4 preclude substantial gainful activity. 20 C.F.R. §§
5 404.1520(a)(4)(ii), 416.920(a)(4)(ii); 20 C.F.R. § 404, Subpt. P, App.
6 1. If the impairment meets or equals one of the listed impairments,
7 the claimant is conclusively presumed to be disabled.

8 If the impairment is not one conclusively presumed to be
9 disabling, the evaluation proceeds to the fourth step, which
10 determines whether the impairment prevents the claimant from
11 performing work he or she has performed in the past. If plaintiff is
12 able to perform his or her previous work, the claimant is not
13 disabled. 20 C.F.R. §§ 404.1520(a)(4)(iv), 416.920(a)(4)(iv). At
14 this step, the claimant's residual functional capacity ("RFC")
15 assessment is considered.

16 If the claimant cannot perform this work, the fifth and final
17 step in the process determines whether the claimant is able to perform
18 other work in the national economy in view of his or her residual
19 functional capacity and age, education and past work experience. 20
20 C.F.R. §§ 404.1520(a)(4)(v), 416.920(a)(4)(v); *Bowen v. Yuckert*, 482
21 U.S. 137 (1987).

22 The initial burden of proof rests upon the claimant to establish
23 a *prima facie* case of entitlement to disability benefits. *Rhinehart*
24 *v. Finch*, 438 F.2d 920, 921 (9th Cir. 1971); *Meanel v. Apfel*, 172 F.3d
25 1111, 1113 (9th Cir. 1999). The initial burden is met once the
26 claimant establishes that a physical or mental impairment prevents him
27 from engaging in his or her previous occupation. The burden then
28 shifts, at step five, to the Commissioner to show that (1) the

1 claimant can perform other substantial gainful activity, and (2) a
 2 "significant number of jobs exist in the national economy" which the
 3 claimant can perform. *Kail v. Heckler*, 722 F.2d 1496, 1498 (9th Cir.
 4 1984).

5 **ALJ'S FINDINGS**

6 At step one of the sequential evaluation process, the ALJ found
 7 Plaintiff has not engaged in substantial gainful activity at any time
 8 since September 1, 2002, the alleged onset date. (Tr. 20.) At steps
 9 two and three, he found Plaintiff has the severe impairments of
 10 obesity, anxiety and a personality disorder, but the impairments do
 11 not meet or medically equal one of the listed impairments in 20
 12 C.F.R., Appendix 1, Subpart P, Regulations No. 4 (Listings). (Tr. 20,
 13 23.) The ALJ then determined Plaintiff has the residual functional
 14 capacity to perform a wide range of light work. (Tr. 24.) The ALJ
 15 further determined:

16 [T]he claimant would be able to perform work that would not
 17 involve lifting or carrying more than 10 pounds frequently
 18 or more than 20 pounds occasionally; more than limited
 19 reaching; more than occasional stair or ramp climbing,
 20 balancing, stooping, kneeling, crouching, crawling or any
 ladder, rope or scaffold climbing. In addition the claimant
 would be limited to simple, repetitive tasks that do not
 involve any contact with the public or more than superficial
 contact with coworker [sic] or supervisors. The claimant
 would have mild to moderate pain but would be able to remain
 attentive and complete a normal workday.

22 (Tr. 24.) At step four, the ALJ found Plaintiff is unable to perform
 23 past relevant work. (Tr. 27.) Based on the testimony of a vocational
 24 expert and Plaintiff's age, education, work experience and residual
 25 functional capacity, the ALJ found there are jobs that exist in
 26 significant numbers in the national economy which Plaintiff can
 27 perform. (Tr. 28.) As such, the ALJ found Plaintiff was not under a
 28 disability as defined in the Social Security Act from September 1,

1 2002, through the date of the decision. (Tr. 29.)

2 **ISSUES**

3 The question is whether the ALJ's decision is supported by
 4 substantial evidence and free of legal error. Specifically, Plaintiff
 5 asserts the ALJ erred by: (1) improperly rejecting psychological
 6 opinion evidence; (2) failing to include all of Plaintiff's mental
 7 limitations in the hypothetical posed to the vocational expert; and
 8 (3) failing to properly reject medical opinion evidence. (Ct. Rec. 14
 9 at 15-18.) Defendant asserts the ALJ: (1) properly rejected
 10 psychological opinion evidence; (2) implicitly rejected medical
 11 opinion evidence; and (3) properly found Plaintiff could perform other
 12 work in the national economy. (Ct. Rec. 16 at 6-16).

13 **DISCUSSION**

14 **1. Medical Opinion**

15 Plaintiff argues the ALJ improperly ignored the opinion of Dr.
 16 Lynn Staker, an examining orthopedist. (Ct. Rec. 14 at 17.) The ALJ
 17 must consider the opinions of acceptable medical sources about the
 18 nature and severity of the Plaintiff's impairments and limitations. 20
 19 C.F.R. §§ 404.1527, 416.927; S.S.R. 96-2p; S.S.R. 96-6p. A treating
 20 or examining physician's opinion is given more weight than that of a
 21 non-examining physician. *Benecke v. Barnhart*, 379 F.3d 587, 592 (9th
 22 Cir. 2004). If the treating or examining physician's opinions are not
 23 contradicted, they can be rejected only with clear and convincing
 24 reasons. *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1996). If
 25 contradicted, the ALJ may reject the opinion if he states specific,
 26 legitimate reasons that are supported by substantial evidence. See
 27 *Flaten v. Secretary of Health and Human Serv.*, 44 F.3d 1453, 1463 (9th
 28 Cir. 1995) (citing *Magallanes v. Bowen*, 881 F.2d 747, 753 (9th Cir.

1 1989); *Fair v. Bowen*, 885 F.2d 597, 605 (9th Cir. 1989). Historically,
 2 the courts have recognized conflicting medical evidence, the absence
 3 of regular medical treatment during the alleged period of disability,
 4 and the lack of medical support for doctors' reports based
 5 substantially on a claimant's subjective complaints of pain, as
 6 specific, legitimate reasons for disregarding the treating physician's
 7 opinion. See *Flaten*, 44 F.3d at 1463-64; *Fair*, 885 F.2d at 604.

8 Dr. Staker completed a DSHS physical evaluation form on June 1,
 9 2004. (Tr. 245-49.) Dr. Staker diagnosed moderate cervical strain
 10 and ligament damage. (Tr. 247.) He opined that Plaintiff would be
 11 limited to sedentary work. (Tr. 247, 249.) Dr. Staker's opinion is
 12 contradicted by the report of the state consulting physicians who
 13 stated "evaluating doctor opines that she is only able to perform
 14 sedentary work. This is not fully supported by the evidence of
 15 record." (Tr. 254.) Thus, the ALJ was required to provide specific,
 16 legitimate reasons supported by substantial evidence for rejecting Dr.
 17 Staker's opinion.

18 The ALJ addressed Dr. Staker's report as follows:

19 Physical examination on June 1, 2004 demonstrated the
 20 claimant to have C1-4 tenderness on the left, but there was
 21 no pain in the glenohumeral joint. Reflexes were hypoactive
 22 but symmetrical. There was no motor or sensory impairment.
 23 The claimant was noted as having some limited cervical
 flexion, extension and lateral rotation (Exhibit 6F/5);
 however, it is noted that range of motion is within the
 control of the patient and [is] not persuasive as to any
 true limitation.

24 (Tr. 21.) The ALJ did not assign weight to the opinion or
 25 specifically reject or adopt it. (Tr. 21, 26-27.) He concluded that
 26 Plaintiff was capable of a full range of light work; Dr. Staker opined
 27 that Plaintiff was limited to sedentary work. The failure to provide
 28 specific, legitimate reasons for rejecting Dr. Staker's opinion was

1 error.

2 Defendant argues it is reasonable to infer the ALJ implicitly
3 rejected Dr. Staker's opinion. (Ct. Rec. 17 at 10.) Defendant
4 asserts the ALJ's general discussion of the evidence of physical
5 impairment shows the ALJ's implicit rejection of Dr. Staker's report.

6 The ALJ stated:

7 Based on all of the foregoing [including the cited
8 portion of Dr. Staker's report, above], it has been
9 concluded that the claimant does not have a musculoskeletal
10 impairment or combination of impairments that have been
shown to have posed more than minimal limitations on the
claimant's ability to perform basic work-related activities.
Essentially all physical examinations and diagnostic
studies, as outlined above, have been unremarkable.

11
12 (Tr. 22.) Defendant is correct an incantation that a physician's
report is rejected is not required; the court may draw reasonable
13 inferences from the ALJ's discussion of a particular physician's
14 report. See *Magallenes v. Bowen*, 881 F.2d 747, 755 (9th Cir. 1989).
15 Furthermore, the ALJ need not discuss all evidence presented, but must
16 explain why significant probative evidence has been rejected. *Vincent*
17 *v. Heckler*, 739 F.2d 1393, 1394-95 (9th Cir. 1984).

18 However, Dr. Staker's assessment is significant and probative as
19 to Plaintiff's work level. Dr. Staker is the only physician in the
20 record who examined Plaintiff and prepared a physical evaluation
21 addressing Plaintiff's work abilities. Furthermore, Dr. Staker is a
22 specialist and his opinion could therefore be of particular interest.
23 The ALJ should have provided specific, legitimate reasons for
24 rejecting the report and did not do so. Instead, the opinion was
25 barely addressed. The discussion of Dr. Staker's report is brief and
26 includes no analysis. Thus, the court cannot infer that the ALJ's
27 rejection of Dr. Staker's report is proper.

1 Defendant further argues the court should find the ALJ's failure
2 to discuss Dr. Staker's report is harmless error. Harmless error only
3 occurs if the error is inconsequential to the ultimate nondisability
4 determination. See *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 885 (9th
5 Cir. 2006); *Stout v. Comm'r, Soc. Sec. Admin.*, 454 F.3d 1050, 1055-56
6 (9th Cir. 2006). In support, Defendant first argues Dr. Staker did not
7 specifically explain how and why the objective evidence of Plaintiff's
8 cervical strain and ligament damage support the conclusion that
9 Plaintiff is limited to sedentary work. (Ct. Rec. 17 at 12.) However,
10 the court is constrained to review only those reasons asserted by the
11 ALJ. *Sec. Exch. Comm'n v. Chenery Corp.*, 332 U.S. 194, 196 (1947);
12 *Pinto V. Massanari*, 249 F.3d 840, 847-48 (9th Cir. 2001). The court
13 cannot consider whether Dr. Staker's report is adequately supported or
14 explained since the ALJ did not analyze its conclusions or cite
15 reasons for rejecting it.

16 Defendant also argues the ALJ's error is harmless because, even
17 if the report is credited and Plaintiff is limited to sedentary work,
18 she would not be disabled at step five under the medical-vocational
19 guidelines. (Ct. Rec. 15 at 12-13.) However, it is not appropriate
20 to utilize the guidelines to determine nondisability in this case
21 because the residual functional capacity determination also includes
22 nonexertional limitations. 20 C.F.R. Pt. 404, Subpt. P, App. 2 §
23 200.00(2). Thus, if Plaintiff is limited to sedentary work, the
24 opinion of a vocational expert would be required to determine whether
25 Plaintiff can perform work available in the national economy after
26 taking into account all of Plaintiff's physical and mental
27 limitations. In that case, new step four and step five findings would
28 be necessary and the outcome of this matter could change. Thus, the

1 ALJ's error is not harmless.

2 **2. Psychological Opinion**

3 The ALJ rejected the opinion of Michael Corpobongo, Ph.D. (Tr.
4 27.) Dr. Corpobongo completed a DSHS psychological/psychiatric
5 evaluation form on May 24, 2004. (Tr. 238-41.) He diagnosed
6 antisocial personality disorder, post traumatic stress disorder and
7 personality disorder. (Tr. 239.) He assessed two marked and three
8 moderate cognitive functional limitations and one severe and three
9 marked social functional limitations. (Tr. 240.)

10 Plaintiff argues Dr. Corpobongo's opinion should be credited
11 because the ALJ failed to properly reject it. (Ct. Rec. 14 at 14.)
12 Defendant argues the ALJ gave specific and legitimate reasons for
13 rejecting the opinion. (Ct. Rec. 17 at 10.) When asked to take into
14 account the limitations assessed by Dr. Corpobongo, the vocational
15 expert concluded Plaintiff would not be able to perform past relevant
16 work or other work in the national economy. (Tr. 240, 495.) Thus,
17 the evaluation of Dr. Corpobongo's report is critical to the ultimate
18 nondisability determination.

19 In this case, the opinion of Dr. Kuhner, a state agency
20 consulting psychologist, conflicts with the opinion of Dr. Corpobongo.
21 Dr. Kuhner also diagnosed personality disorder and post traumatic
22 stress disorder, but he did not diagnose antisocial personality
23 disorder. (Tr. 282, 284.) Furthermore, Dr. Kuhner assessed a number
24 of moderate limitations but no marked or severe limitations.¹ (Tr.

25
26 ¹The mental residual functional capacity assessment form completed
27 by Dr. Kuhner did not include the option of assessing limitations as
28 "severe." (Tr. 291-92.)

1 291-293.) Thus, the ALJ was required to provide specific, legitimate
2 reasons supported by substantial evidence in rejecting Dr.
3 Corpobongo's opinion.

4 The ALJ gave two reasons for rejecting Dr. Corpobongo's report.
5 First, he noted Dr. Corpobongo's one-time examination of Plaintiff
6 could not have provided him with a detailed, longitudinal picture of
7 the claimant's impairments. (Tr. 27.) The opinions of examining
8 physicians must be considered by the ALJ. See 20 C.F.R. § 404.1527;
9 *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1995). By definition,
10 an examining physician does not have an ongoing relationship with a
11 claimant. The ALJ's reasoning would result in the rejection of
12 virtually all examining physician opinions. This is therefore an
13 improper reason for rejecting Dr. Corpobongo's opinion.

14 Second, the ALJ pointed out Dr. Corpobongo appeared to have based
15 his opinion on Plaintiff's self-report of symptoms rather than on the
16 results of standardized psychological testing. (Tr. 27.) It is
17 proper to disregard a physician's report based on a claimant's own
18 subjective complaints which have been properly discounted. *Tonapetyan*
19 v. Halter, 242 F.3d 1144, 1149 (9th Cir. 2001); *Fair v. Bowen*, 885
20 F.2d 597, 605 (9th Cir. 1989). Although Plaintiff correctly points out
21 that Dr. Corpobongo attached a completed check-box form mental status
22 exam to his assessment, he did not reference the exam results or any
23 other psychological testing in his report. (Tr. 238-44, Ct. Rec. 14
24 at 16.) Most of Dr. Corpobongo's written comments repeat Plaintiff's
25 own reports. In support of the marked and moderate cognitive
26 limitations, Dr. Corpobongo noted Plaintiff indicated she has been
27 forgetful about conversations and where she places things and has been
28 blacking out. (Tr. 240.) He also reported, "She feels unable to

1 sustain attention" and she reported "telling off lady living with
2 [her]." (Tr. 240). In support of his assessed social limitations,
3 Dr. Corpobongo noted Plaintiff "cannot tolerate authority - lost
4 waitressing job." He also wrote, "difficult[y] with anger control."²
5 (Tr. 240.) With the possible exception of the comment about anger
6 control, these notes all reflect Plaintiff's own reports and are not
7 Dr. Corpobongo's conclusions based on observations or testing.

8 Furthermore, Plaintiff incorrectly asserts "there is no
9 indication anywhere in the record that she embellishes her symptoms or
10 is malingering." (Ct. Rec. 14 at 16.) The ALJ made a properly
11 supported negative credibility finding.³ (Tr. 25.) The ALJ was
12

13 ²Dr. Corpobongo's notes under limitations on social factors also
14 include the phrase "dealing with public." Presumably, he meant that
15 Plaintiff reported difficulty dealing with the public.

16 ³The ALJ determined Plaintiff's statements about the intensity,
17 persistence and limiting effects of her symptoms were not entirely
18 credible. (Tr. 25.) Specifically, the ALJ noted Plaintiff's
19 treatment efforts and requirements are inconsistent with her
20 allegations of disability. The ALJ pointed out that despite hospital
21 confinement, emergency room treatment and office visits, she has not
22 been prescribed long-term medications for her physical complaints.
23 She has only been prescribed analgesics and non-steroidal
24 inflammatories intermittently, and has had one tapering dose of
25 steroids. She has never been prescribed anti-anxiety medication and
admitted to being able to self-manage her anxiety symptoms. She has
not received regular mental health counseling since September 2004.
The ALJ noted it was significant that Plaintiff did not seek treatment

1 therefore justified in concluding that Dr. Corpobongo's opinion should
2 be given less weight since it was based primarily on Plaintiff's
3 subjective complaints.

4 Although the ALJ provided one proper specific, legitimate reason
5 for rejecting Dr. Corpobongo's report, this is not substantial
6 evidence justifying the rejection of the assessment. On remand, the
7 ALJ should reconsider Dr. Corpobongo's report and, if appropriate,
8 provide additional specific, legitimate reasons for rejecting it.

9 **3. Hypothetical**

10 Plaintiff argues the ALJ's hypothetical to the vocational expert
11 did not take into account limitations assessed by Dr. Kuhner, a state
12 agency reviewing psychologist, even though the ALJ accepted Dr.
13 Kuhner's opinion. (Ct. Rec. 14 at 16-17.) Defendant argues the ALJ's
14 hypothetical accounts for Dr. Kuhner's assessed limitations and the
15 ALJ's ultimate finding that Plaintiff is capable of working is proper.
16 (Ct. Rec. 16 at 13-16.)

17 The ALJ's hypothetical must be based on medical assumptions
18 supported by substantial evidence in the record which reflects all of
19 the claimant's limitations. *Osenbrook v. Apfel*, 240 F.3D 1157, 1165
20

21 of her alleged musculoskeletal impairments during her pregnancy in
22 2006. Plaintiff admitted on one occasion that she had very little
23 back pain during her pregnancy and that 800 mg of ibuprofen eased her
24 symptoms. The ALJ also pointed out a number of inconsistencies in
25 Plaintiff's activities of daily living. (Tr. 26.) Plaintiff has not
26 challenged the credibility finding and the court concludes it is
27 supported by "clear and convincing" evidence as required by *Thomas v.*
28 *Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002).

1 (9th Cir. 2001). The hypothetical should be "accurate, detailed, and
2 supported by the medical record." *Tackett v. Apfel*, 180 F.3d 1094,
3 1101 (9th Cir. 1999). The ALJ is not bound to accept as true the
4 restrictions presented in a hypothetical question propounded by a
5 claimant's counsel. *Magallenes v. Bowen*, 881 F.2d 747, 756-57 (9th
6 Cir. 1989); *Martinez v. Heckler*, 807 F.2d 771, 773 (9th Cir. 1986). The
7 ALJ is free to accept or reject these restrictions as long as they are
8 supported by substantial evidence, even when there is conflicting
9 medical evidence. *Id.*

10 The ALJ found that the opinions of the state agency medical
11 consultants regarding Plaintiff's mental limitations are reasonable
12 and based upon the evidence.⁴ (Tr. 27.) Dr. Kuhner completed a mental
13 residual functional capacity assessment on August 25, 2004. (Tr. 291-
14 94.) He assessed 10 moderate limitations and no marked limitations.
15 (Tr. 291-93.) He also provided narrative explanation of his
16 assessment. (Tr. 293-94.)

17 _____

18 ⁴The ALJ cited Exhibit 8F, which is actually a state agency
19 consulting physician physical residual functional capacity assessment.
20 (Tr. 253-56.) It is clear from the residual functional capacity
21 assessment and the hypothetical posed to the vocational expert that
22 the ALJ was actually referring to Exhibit 11F, the mental residual
23 functional capacity assessment completed by Dr. Kuhner. (Tr. 291-94.)
24 The error is harmless because it does not affect the ultimate
25 disability determination. See *Parra v. Astrue*, 481 F.3d 742, 747 (9th
26 Cir. 2007); *Curry v. Sullivan*, 925 F.2d 1127, 1131 (9th Cir. 1990);
27 *Booz v. Sec'y of Health & Human Servs.*, 734 F.2d 1378, 1380 (9th Cir.
28 1984).

1 Plaintiff asserts Dr. Kuhner stated:

2 [Plaintiff's] incite [sic] and judgment were poor and she
3 was hostile and showed poor impulse control. (TR 293) He
4 further stated that she was easily sidetracked, did not like
people, and had no respect for authority. He also stated
that she was easily angered, did not socialize, and would
not be able to complete complex tasks.

5

6 (Ct. Rec. 14 at 16.) Plaintiff asserts these alleged "limitations"
7 should have been included in the ALJ's hypothetical. (Ct. Rec. 14 at
8 16.) However, as Defendant points out, all but one of these asserted
9 limitations were contained in Dr. Kuhner's summary of the evidence
10 reviewed as the basis of his decision. (Tr. 293, Ct. Rec. 16 at 15.)
11 Dr. Kuhner's notes reference findings from Dr. Corpobongo's May 2004
12 evaluation indicating Plaintiff's insight and judgment were poor, she
13 was hostile and showed poor impulse control. (Tr. 242-44.) Dr.
14 Kuhner cited Plaintiff's own report that she is easily sidetracked
15 (Tr. 103), does not like people and has no respect for authority.
16 (Tr. 105.) Additionally, Dr. Kuhner noted Plaintiff's spouse's report
17 that Plaintiff is easily angered and does not socialize. (Tr. 113.)
18 This evidence was reviewed by Dr. Kuhner, but they are not limitations
19 assessed by him.

20 Dr. Kuhner did conclude Plaintiff would have trouble with complex
21 tasks (Tr. 294), but that limitation is included in the ALJ's
22 hypothetical when the ALJ indicated Plaintiff would be "limited to
23 simple, repetitive tasks." (Tr. 491.) It is reasonable to conclude
24 that applying a limitation of only simple, repetitive tasks means
25 Plaintiff would not be able to complete complex tasks.

26 Plaintiff also argues the ALJ should have included the moderate
27 limitations identified by Dr. Kuhner by checking the boxes on the
28 mental residual functional capacity form. (Ct. Rec. 14 at 17.)

1 However, the ALJ included limitations taken almost directly from the
2 narrative explanation of each of the limitations Dr. Kuhner assessed
3 by checking a box. (Tr. 294, 491.) It was appropriate for the ALJ to
4 include the explanatory comments in the hypothetical because they are
5 a more accurate indicator of Dr. Kuhner's assessment than impairments
6 listed on a pre-printed form.

7 For the foregoing reasons, the ALJ properly took into account the
8 limitations assessed by Dr. Kuehner in the hypothetical posed to the
9 vocational expert.

10 **4. Remedy**

11 The ALJ failed to provide sufficient reasons for rejecting the
12 opinions of Dr. Staker, an examining physician, and Dr. Corpobongo,
13 and examining psychologist. There are two remedies where the ALJ
14 fails to provide adequate reasons for rejecting the opinions of a
15 treating or examining physician. The general rule, found in the
16 *Lester* line of cases, is that "we credit that opinion as a matter of
17 law." *Lester v. Chater*, 81 F.3d 821, 834 (9th Cir. 1996); *Pitzer v.*
18 *Sullivan*, 908 F.2d 502, 506 (9th Cir. 1990); *Hammock v. Bowen*, 879 F.2d
19 498, 502 (9th Cir. 1989). Another approach is found in *McAllister v.*
20 *Sullivan*, 888 F.2d 599 (9th Cir. 1989), which holds a court may remand
21 to allow the ALJ to provide the requisite specific and legitimate
22 reasons for disregarding the opinion. See also *Benecke v. Barnhart*,
23 379 F.3d 587, 594 (9th Cir. 2004) (court has flexibility in crediting
24 testimony if substantial questions remain as to claimant's credibility
25 and other issues). Where evidence has been identified that may be a
26 basis for a finding, but the findings are not articulated, remand is
27 the proper disposition. *Salvador v. Sullivan*, 917 F.2d 13, 15 (9th
28 Cir. 1990) (citing *McAllister*); *Gonzalez v. Sullivan*, 914 F.2d 1197,

1 1202 (9th Cir. 1990). In this case, there may be evidence in the
2 record which the ALJ could cite to provide the requisite specific,
3 legitimate reasons for rejecting the opinions of Dr. Staker and Dr.
4 Corpolongo, so remand is the proper remedy.

5 **CONCLUSION**

6 Having reviewed the record and the ALJ's findings, the court
7 concludes the ALJ's decision is not supported by substantial evidence
8 and is based on legal error. On remand, the ALJ should reconsider the
9 opinions of Dr. Staker and Dr. Corpolongo and support his findings
10 regarding those opinions with specific, legitimate evidence in the
11 record. If necessary, the ALJ should make a new residual functional
12 capacity finding and obtain testimony from a vocational expert.
13 Accordingly,

14 **IT IS ORDERED:**

15 1. Plaintiff's Motion for Summary Judgment (**Ct. Rec. 13**) is
16 **GRANTED**. The matter is remanded to the Commissioner for additional
17 proceedings pursuant to sentence four 42 U.S.C. 405(g).

18 2. Defendant's Motion for Summary Judgment (**Ct. Rec. 15**) is
19 **DENIED**.

20 3. An application for attorney fees may be filed by separate
21 motion.

22 The District Court Executive is directed to file this Order and
23 provide a copy to counsel for Plaintiff and Defendant. Judgment shall
24 be entered for Plaintiff and the file shall be **CLOSED**.

25 DATED April 20, 2009.

26
27

S/ CYNTHIA IMBROGNO
28 UNITED STATES MAGISTRATE JUDGE